

Amended Statement Cover

To record uncovered expenses on page 4 statement of revenue and expenses

HEALTH QUARTERLY STATEMENT

AS OF June 30, 2003

OF THE CONDITION AND AFFAIRS OF THE

OmniCare Health Plan

NAIC Group Code	0000	0000	NAIC Company Code	95582	Employer's ID Number	38-2031377
	(Current Period)	(Prior Period)				
Organized under the Laws of	Michigan		State of Domicile or Port of Entry	Michigan		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[] Dental Service Corporation[] Other[]		Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[X] No[]		Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[X]	
Date Incorporated or Organized	09/23/1972			Date Commenced Business	12/23/1973	
Statutory Home Office	1155 Brewery Park, Suite 250			Detroit, MI 48207		
	(Street and Number)			(City, or Town, State and Zip Code)		
Main Administrative Office	1155 Brewery Park, Suite 250					
	(Street and Number)					
	Detroit, MI 48207			(313)393-2379		
	(City or Town, State and Zip Code)			(Area Code) (Telephone Number)		
Mail Address	1155 Brewery Park, Suite 250			Detroit, MI 48207		
	(Street and Number or P.O. Box)			(City, or Town, State and Zip Code)		
Primary Location of Books and Records	1155 Brewery Park, Suite 250					
	(Street and Number)					
	Detroit, MI 48207			(313)393-2379		
	(City, or Town, State and Zip Code)			(Area Code) (Telephone Number)		
Internet Website Address	WWW.ochp.com					
Statutory Statement Contact	Kenyata J. Rogers, Controller			(313)393-2379		
	(Name)			(Area Code)(Telephone Number)(Extension)		
	Krogers@ochp.com			(313)393-4743		
	(E-Mail Address)			(Fax Number)		
Policyowner Relations Contact						
	(Street and Number)					
				(Area Code) (Telephone Number)(Extension)		
	(City, or Town, State and Zip Code)					

OFFICERS

Deputy Rehabilitator Bobby L Jones

Deputy Rehabilitator Beverly Allen

VICE PRESIDENTS

DIRECTORS OR TRUSTEES

Herman B Gray M.D.

George Shade M.D. #

Tej Mattoo, M.D.

State of Michigan

County of Wayne ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manuals except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

(Signature)	(Signature)	(Signature)
Bobby Jones	Beverly Allen	
(Printed Name)	(Printed Name)	(Printed Name)
Deputy Rehabilitator	Deputy Rehabilitator	Treasurer
Subscribed and sworn to before me this	a. Is this an original filing?	Yes[] No[X]
day of , 2003	b. If no, 1. State the amendment number	2
	2. Date filed	10/27/2003
	3. Number of pages attached	1
(Notary Public Signature)		

STATEMENT OF REVENUE AND EXPENSES

		Current Year To Date		Prior Year To Date
		1 Uncovered	2 Total	3 Total
1.	Member Months	X X X	461,426	521,254
2.	Net premium income (including \$..... non-health premium income)	X X X	83,482,804	89,261,962
3.	Change in unearned premium reserves and reserves for rate credits	X X X		
4.	Fee-for-service (net of \$..... medical expenses)	X X X		
5.	Risk revenue	X X X		
6.	Aggregate write-ins for other health care related revenues	X X X	(1,802,506)	76,918
7.	Aggregate write-ins for other non-health revenues	X X X		
8.	Total revenues (Lines 2 to 7)	X X X	81,680,298	89,338,880
Hospital and Medical:				
9.	Hospital/medical benefits	305,289	54,283,478	59,694,716
10.	Other professional services			
11.	Outside referrals			
12.	Emergency room and out-of-area	37,732	9,892,971	4,402,700
13.	Prescription drugs		13,238,843	14,219,867
14.	Aggregate write-ins for other hospital and medical			
15.	Incentive pool and withhold adjustments		(1,161,574)	(123,811)
16.	Subtotal (Lines 9 to 15)	343,021	76,253,718	78,193,472
Less:				
17.	Net reinsurance recoveries		96,893	(179,319)
18.	Total hospital and medical (Lines 16 minus 17)	343,021	76,156,825	78,372,791
19.	Non-health claims			
20.	Claims adjustment expenses		885,454	1,226,595
21.	General administrative expenses		6,285,881	7,691,222
22.	Increase in reserves for life and accident and health contracts (including \$..... increase in reserves for life only)			
23.	Total underwriting deductions (Lines 18 through 22)	343,021	83,328,159	87,290,608
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	(1,647,861)	2,048,272
25.	Net investment income earned		49,747	(350,215)
26.	Net realized capital gains or (losses)			633
27.	Net investment gains or (losses) (Lines 25 plus 26)		49,747	(349,582)
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....) (amount charged off \$.....)]			
29.	Aggregate write-ins for other income or expenses		4,228	
30.	Net income or (loss) before federal income taxes (Lines 24 plus 27 plus 28 plus 29)	X X X	(1,593,887)	1,698,691
31.	Federal and foreign income taxes incurred	X X X		
32.	Net income (loss) (Lines 30 minus 31)	X X X	(1,593,887)	1,698,691
DETAILS OF WRITE-INS				
0601.	WIC Revenue	X X X	85,668	76,918
0602.	QAAP Tax Assessment	X X X	(1,888,174)	
0603	.....	X X X		
0698.	Summary of remaining write-ins for Line 6 from overflow page	X X X		
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X	(1,802,506)	76,918
0701	.....	X X X		
0702	.....	X X X		
0703	.....	X X X		
0798.	Summary of remaining write-ins for Line 7 from overflow page	X X X		
0799.	TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	X X X		
1401	.....		
1402	.....		
1403	.....		
1498.	Summary of remaining write-ins for Line 14 from overflow page			
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)			
2901.	Grant Revnue		3,579	
2902.	Other Revenue		649	
2903	.....		
2998.	Summary of remaining write-ins for Line 29 from overflow page			
2999.	TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)		4,228	